## Arizona Health Care Cost Containment System Home and Community Based Services - Rates Effective October 1, 2014

HCPCS	Mod	Provider Type	SERVICES	AHCCCS RATE
G0151			Services performed by a qualified physical therapist in the home	\$26.86
G0152			Services performed by a qualified occupational therapist in the home	\$26.86
G0153			Services performed by a qualified speech-language pathologist in home	\$26.86
G0154			Services of a skilled nurse in a home health setting, each 15 minutes	\$17.36
G0154		02	Services of a skilled nurse in a home health setting, each 15 minutes	\$22.78
G0154		23	Services of a skilled nurse in a home health setting, each 15 minutes	\$22.78
G0154		39	Services of a skilled nurse in a home health setting, each 15 minutes	\$19.96
G0154		81	Services of a skilled nurse in a home health setting, each 15 minutes	\$19.96
G0154		95	Services of a skilled nurse in a home health setting, each 15 minutes	\$19.96
S5100			Day Care Services, Adult; per 15 min.	\$2.47
S5101			Day Care Services, Adult; per half day	\$29.96
S5102			Day Care Services, Adult; per diem	\$59.91
S5125			Attendant Care Services; 15 min.	\$4.02
S5125		24	Attendant Care Services; 15 min.	\$2.97
S5130			Homemaker Services, NOS; 15 min.	\$5.05
S5130		24	Homemaker Services, NOS; 15 min.	\$3.33
S5135			Companion Care, adult; 15 minutes	\$4.02
S5135		24	Companion Care, adult; 15 minutes	\$3.33
S5136			Companion Care, adult, per diem	BR
S5140			Foster care, adult; per diem	\$57.98
S5150			Unskilled Respite Care, not hospice; per 15 min.	\$4.02
S5150		24	Unskilled Respite Care, not hospice; per 15 min.	\$3.33
S5151			Unskilled Respite Care, not hospice; per diem	\$203.14

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S5151		24	Unskilled Respite Care, not hospice; per diem	\$168.52
S5170			Home Delivered Meals	\$8.29
S5180			Home health respiratory therapy, initial evaluation	\$44.92
S5181			Home health respiratory therapy, nos, per diem	\$269.50
S9123			Nursing Care in the Home; RN, per hour	\$35.24
S9123		02	Nursing Care in the Home; RN, per hour	\$59.58
S9123		23	Nursing Care in the Home; RN, per hour	\$59.58
S9123		39	Nursing Care in the Home; RN, per hour	\$49.66
S9123		81	Nursing Care in the Home; RN, per hour	\$49.66
S9123		95	Nursing Care in the Home; RN, per hour	\$49.66
S9124			Nursing Care in the Home; LPN, per hour	\$27.44
S9124		02	Nursing Care in the Home; LPN, per hour	\$45.54
S9124		23	Nursing Care in the Home; LPN, per hour	\$45.54
S9124		39	Nursing Care in the Home; LPN, per hour	\$38.63
S9124		81	Nursing Care in the Home; LPN, per hour	\$38.63
S9124		95	Nursing Care in the Home; LPN, per hour	\$38.63
S9128			Speech therapy, in the home, per diem	\$107.43
S9129			Occupational therapy, in the home, per diem	\$107.43
S9131			Physical therapy; in the home, per diem	\$107.43
T1019			Personal Care Services, per 15 min. (not for inpatient or resident of a hospital, NF, ICF/MR, or IMD; not to be used for services provided by home health aide or CAN)	\$5.33
T1019		24	Personal Care Services, per 15 min. (not for inpatient or resident of a hospital, NF, ICF/MR, or IMD; not to be used for services provided by home health aide or CAN)	\$3.15
T1021			Home Health Aide or Certified Nurse Assistant, per visit	\$36.18
T2018			Habilitation, supported employment, waiver; per diem	\$20.88
T2019			Habilitation, supported employment, waiver; per 15 minutes	\$3.48

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HCPCS	Mod	Provider Type	SERVICES	AHCCCS RATE
			SELF-DIRECTED ATTENDANT CARE	
S5108			Home care training to home care client (training of member through SDAC service)	\$3.73
S5110			Home care training, family (training of home care worker through SDAC service)	\$3.73
S5115			Home care training,non-family (training of unrelated home care worker through SDAC service)	\$3.73
S5125	U2		Attendant Care provided through SDAC service	\$2.89
T1023			Initiation of FEA service per ACW, no background check	\$25.08
T1023	UC		Initiation of FEA service per ACW, with background check	\$29.64
T2040	UA		Initiation of Fiscal/Employer Agent (FEA) service, per member	\$52.40
T2040	UB		FEA service, monthly	\$47.76